



DAVID J. SWARTS
ERIE COUNTY CLERK

PISTOL PERMIT DEPARTMENT

PLEASE READ INSTRUCTIONS CAREFULLY AND COMPLETE ALL STEPS BEFORE SUBMITTING YOUR APPLICATION

1. USE BLACK INK OR TYPE ONLY - PLEASE PRINT.

The enclosed 2 applications must be originals. No Copies. The spaces indicating "LICENSE NUMBER", "COUNTY ISSUE", "CODE", "DATE OF ISSUE", "EXPIRATION DATE" AND "NYSID NUMBER" ARE TO BE LEFT BLANK. Only place one letter in each individual box. Your phone number must be written in the upper left hand corner of the application. Please fill out all information that pertains to you. Your height should be recorded in inches.

2. The applicant's signature MUST be ACKNOWLEDGED ON ALL FORMS, by either a Notary or Commissioner of Deeds. The Jurat is for the Notary or Commissioner of Deeds' signature.

3. Applicants must be 21 years of age.

4. Please submit with your application 4 photographs 1 1/2" x 1 1/2" (inches) black and white or color. NO MACHINE OR AMATEUR PHOTOGRAPHS will be accepted. PLEASE PRINT YOUR NAME ON THE BACK OF EACH PICTURE.

5. Your four character references should preferably live in your city, town or village. They must sign their name on both applications and fill out all information requested on the character reference sheet. Character references CANNOT be relatives. If your local police will accept references outside of your area, which you must confirm with them, they still must live in Erie County.

6. Applicants must have instructions in the safe handling of firearms from a certified instructor, and proof of such training must be submitted with the application. If the course which you plan to take includes the actual handling of a firearm and/or the actual firing of a firearm, you must first have authorization from the firearms licensing officer of this County to handle or fire a firearm during such course. A separate application for this authorization must be filed by you when you file your application for the firearm license. A copy of such application for training authorization will be provided upon request.

7. All applicants must complete form entitled affidavit. This portion of form must also be notarized. If you are applying for a license in connection with present or proposed employment, you must submit a letter from your employer verifying both your employment and the need for you to carry a weapon. If you are applying for a pistol permit for business or personal protection you must complete the Personal and/or Business Protection Affidavit, **stating in detail your need for such protection. If you are the owner of a business, please submit a copy of your corporate minutes indicating your position with the business, DBA, or business certificate.**

8. IF YOU HAVE BEEN ARRESTED, OR CHARGED FOR ANY OFFENSE EXCEPT MINOR TRAFFIC INFRACTIONS (SPEEDING OR STOP SIGNS), YOU MUST SUBMIT A CERTIFICATE OF DISPOSITION WITH YOUR APPLICATION. Certificates of Disposition can be obtained from the Court where your case was heard. **YOUR FAILURE TO DISCLOSE ANY CRIMINAL CHARGE, (EVEN IF DISMISSED AND SEALED), MAY BE SUFFICIENT CAUSE TO DENY THIS APPLICATION.**

9. Applications MUST be accompanied by a U.S. POSTAL SERVICE MONEY ORDER made out to **Division of Criminal Justice Services in the amount of **SEVENTY FOUR (\$74.00)**. CASH OR CHECKS CANNOT be accepted. This fee is for processing fingerprint inquiries. **DO NOT FILL IN THE ADDRESS FOR DCJS.****

10. PRIOR TO GOING FOR FINGERPRINTS, YOU MUST BRING YOUR COMPLETED APPLICATION to the Pistol Permit Department, 25 Delaware Avenue, Buffalo, New York. **Fingerprint cards will be given when your application is submitted. We will not be responsible for applications submitted elsewhere. **COMPLETED APPLICATION MUST BE SUBMITTED BEFORE YOU GO TO BE FINGERPRINTED.****

11. FINGERPRINTS - **Done only after application has been reviewed by Pistol Permit Dept.**
Suburban residents should make an appointment to be fingerprinted with their local police departments. For those residing in Towns and Villages without a police department, please go to be fingerprinted at the Erie County Sheriff's Department at 134 West Eagle Street, daily - Monday through Friday - during the hours of 8:15 AM to 11:45 AM and 1 to 3 PM. City of Buffalo applicants must go to the Erie County Sheriff's ID Department.

12. Fingerprinting fees change from jurisdiction to jurisdiction. You may want to call them to ascertain the amount and the form of payment they will accept.

DRAFT/WORK COPY ONLY

AFFIDAVIT

I _____, residing at _____
(Name in Full) (Maiden Name) (Address)

_____ in the County of Erie, State of New York, being an applicant for a
(City, Town or Village)

handgun permit, and being duly sworn, depose and make answer to the following:

1. Are you an active dues paying member of a bona-fide gun club? Yes ____ No ____
If yes, name of club and extent of activity: _____
2. Relate any prior experience (training with weapons) such as military services, gun clubs, hunting, etc. _____
3. What provisions have you made to keep weapon secreted in the home, or place of business? Explain _____
4. Are there children residing in your home? Yes ____ No ____ Ages _____
5. Explain when and during what hours the weapon will be in your physical possession: _____
6. Are you receiving treatment for any illness? If so, state the nature of your illness: _____
7. Do you have any physical or visual disabilities? If yes, explain _____
8. Please designate a person who will be responsible for notifying the pistol permit office and surrendering your gun(s) in the event of your subsequent incapacity or death Name _____
Address _____
Phone _____
9. If you are not a citizen of the United States, why do you require a permit?

Sworn to and subscribed
before me this _____ day
_____, 20 _____

SIGNATURE OF APPLICANT

NOTARY PUBLIC OR COMMISSIONER OF DEEDS

REQUEST FOR PERSONAL and/or BUSINESS PROTECTION ON PISTOL PERMIT

1. REASON FOR REQUEST IN DETAIL. _____

2. HOURS WHEN PERMIT WILL BE CARRIED FOR BUSINESS OR PERSONAL PROTECTION. _____

Sworn to before me this _____ day of _____, 20 _____

Notary Public, Commissioner of Deeds,
Judge or Justice

Applicant's Signature in Full

****DRAFT/WORK COPY ONLY****

PHONE NO. _____

APPLICANT'S NAME: _____ ADDRESS: _____

CHARACTER REFERENCES

NAME:	MAIDEN NAME:	SOC. SEC. #
NAME: _____		
ADDRESS: _____		
HOME TELEPHONE: _____		
WORK TELEPHONE: _____		
DATE OF BIRTH: _____		

NAME:	MAIDEN NAME:	SOC. SEC. #
NAME: _____		
ADDRESS: _____		
HOME TELEPHONE: _____		
WORK TELEPHONE: _____		
DATE OF BIRTH: _____		

NAME:	MAIDEN NAME:	SOC. SEC. #
NAME: _____		
ADDRESS: _____		
HOME TELEPHONE: _____		
WORK TELEPHONE: _____		
DATE OF BIRTH: _____		

NAME:	MAIDEN NAME:	SOC. SEC. #
NAME: _____		
ADDRESS: _____		
HOME TELEPHONE: _____		
WORK TELEPHONE: _____		
DATE OF BIRTH: _____		

NOTICE TO APPLICANT:

YOUR CHARACTER REFERENCES WILL BE INVESTIGATED FOR A PAST CRIMINAL HISTORY. A CHARACTER REFERENCE WITH AN ARREST RECORD COULD BE UNACCEPTABLE AND DELAY YOUR APPLICATION.

****DRAFT/WORK COPY ONLY****

PERSONAL INFORMATION REGARDING APPLICANT

TO BE COMPLETED BY INVESTIGATING OFFICER

Name _____ Date Interviewed _____

Investigating Officer (Print Name) _____

Date of Birth _____ Place of Birth _____

Present Address _____

Former Address _____

Employer _____

Address of Employer _____

How Long? _____ Job Title _____

Former Employer _____ How long? _____

Address _____

1) Children: living - using area where handgun will be stored, kept or used?
(Circle one): Yes - No Ages _____

If yes, how will they be safeguarded? _____

2) Do you drink alcoholic beverages to excess or abuse drugs or use any medication or drug that might impair your judgement? _____ If yes, explain: _____

3) Do you have any personal, mental or emotional problem which could cause you to act in any manner which would be a threat to public safety if you were armed? _____

If yes, explain _____

4) Reason for permit _____

5) Police record _____

Additional information _____

*****DRAFT/WORK COPY ONLY*****

NYSID NUMBER								
LICENSE NUMBER								
DATE OF ISSUE	MONTH	DAY	YEAR					

PPB-3 REV. 6/00

**STATE OF NEW YORK
PISTOL/REVOLVER LICENSE APPLICATION**

INSTRUCTIONS: Print or type in black ink only

COUNTY OF ISSUE				
EXPIRATION DATE	MONTH	DAY	YEAR	CODE

LAST NAME											FIRST NAME											MI	MONTH	DAY	YEAR	SEX
RESIDENCE ADDRESS										CITY, VILLAGE, TOWN AND STATE, IF OTHER THAN NEW YORK										DATE OF BIRTH		ZIP CODE				
HGT (INS)	WGT (LBS)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER					PRESENT OCCUPATION										CITIZEN OF U.S.A. <input type="checkbox"/> YES <input type="checkbox"/> NO						
EMPLOYED BY					NATURE OF BUSINESS					BUSINESS ADDRESS																

I HEARBY APPLY FOR A PISTOL/REVOLVER LICENSE TO: (Check one only) ☐ CARRY CONCEALED ☐ * POSSESS ON PREMISES
☐ * POSSESS/CARRY DURING EMPLOYMENT (* Premise address or place pf employment must be provided)

STREET ADDRESS OR OTHER LOCATION CITY, VILLAGE, TOWN ZIP CODE
A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

HAVE YOU EVER BEEN ARRESTED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)?

☐ YES ☐ NO IF YES, FURNISH THE FOLLOWING INFORMATION:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? ☐ YES ☐ NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? ☐ YES ☐ NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS? ☐ YES ☐ NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? ☐ YES ☐ NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN? ☐ YES ☐ NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? ☐ YES ☐ NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH
OF APPLICANT
TAKEN WITHIN 30 DAYS

FULL FACE ONLY

ANY OMMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.

I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH MAY BE ISSUED TO ME:

1. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS VALID IN THE CITY OF NEW YORK.
2. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION WILL BE VALID ONLY FOR A PISTOL OR REVOLVER SPECIFICALLY DESCRIBED IN THE LICENSE PROPERTY ISSUED BY THE LICENSING OFFICER.
3. IF I PERMANENTLY CHANGE MY ADDRESS, NOTICE OF SUCH CHANGE AND MY NEW ADDRESS MUST BE FORWARDED TO THE SUPERINTENDENT OF THE STATE OF POLICE AND IN NASSAU COUNTY AND SUFFOLK COUNTY,
4. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD.

JURAT:
 SIGNED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____
 AT _____, NEW YORK

 SIGNATURE OF APPLICANT

 SIGNATURE OF OFFICER ADMINISTERING OATH

 TITLE OF OFFICER

Business Certificate

I hereby certify that I am conducting or transacting business under the name or designation of

at

City or Town of

County of

State of New York.

My full name is [print or type name; if under 21 years of age, state "I am years of age."]

and I reside at

I further certify that I am the successor in interest to the person or persons heretofore using such name or names to carry on or conduct or transact business

In Witness Whereof, I have signed this certificate on

ACKNOWLEDGEMENT IN NEW YORK STATE (RPL 309-A)

ACKNOWLEDGEMENT OUTSIDE NEW YORK STATE (RPL 309-B)

State of New York

County of

} ss.:

On before me, the undersigned,
personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

State of

County of

} ss.:

On before me, the undersigned,
personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned in

(Insert city or political subdivision and state or county or other place acknowledgement taken)

(Signature and office of individual taking acknowledgement)

(Signature and office of individual taking acknowledgement)